

Maine Residents Property Tax and Rent Refund Application

For Property Tax Assessed in 2007 or
Rent Paid during 2007



revised: 2008

STEP 1	Print Neatly in Blue or Black Ink, Using Upper Case Letters																				
	<div><div>Your First Name</div><div>MI</div><div>Your Last Name</div></div> <div><div>Spouse's First Name</div><div>MI</div><div>Spouse's Last Name</div></div> <div>Mailing Address (PO Box, number, street and apt. no)</div> <div><div>City</div><div>State</div><div>Zip Code</div></div>																				
	<div>If <u>applicant</u> named above died during 2007, 2008 or 2009, enter date of death: → (Month) - (Day) - (Year)</div> <div>If <u>spouse</u> died during 2007, 2008 or 2009, enter date of death: → (Month) - (Day) - (Year)</div>																				
	<div>IMPORTANT! You must enter your SSN(s) and date(s) of birth below.</div> <div>Your Social Security Number ____ - ____ - ____</div> <div>Your Date of Birth ____ - ____ - ____</div> <div>Spouse's Social Security Number ____ - ____ - ____</div> <div>Spouse's Date of Birth ____ - ____ - ____</div> <div>Your Telephone Number ____ - ____ - ____</div>																				
	<div>BE SURE TO ANSWER "Yes" or "No" to each question. YOUR REFUND WILL BE DELAYED IF YOUR APPLICATION IS NOT COMPLETE.</div> <div><table><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>1a. Do you receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>1b. Does your spouse receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>1c. Were you a Maine resident for all of 2007?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>1d. Did you own a home or rent an apartment in Maine for all of 2007 and live in your home or apartment for at least 6 months of 2007?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>1e. Whether you owned or rented your home, did you rent part of your home to others or use part of it for a business?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table></div> <div>2. Physical location of property where you lived during 2007 (if different from mailing address above): _____ If you paid rent in 2007, list your landlord's name and telephone number: _____</div>		Yes	No	1a. Do you receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>	1b. Does your spouse receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>	1c. Were you a Maine resident for all of 2007?	<input type="checkbox"/>	<input type="checkbox"/>	1d. Did you own a home or rent an apartment in Maine for all of 2007 and live in your home or apartment for at least 6 months of 2007?	<input type="checkbox"/>	<input type="checkbox"/>	1e. Whether you owned or rented your home, did you rent part of your home to others or use part of it for a business?	<input type="checkbox"/>	<input type="checkbox"/>		
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	<div>3. Dependents. How many dependents do you have (DO NOT INCLUDE YOU OR YOUR SPOUSE)? List your dependents below. If you have more than 2 dependents, list them on a separate sheet of paper.</div> <div><table><thead><tr><th>Dependent's First Name</th><th>Dependent's Social Security Number</th><th>3a. Does this dependent receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>Dependent's Last Name</td><td>Dependent's Date of Birth</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table></div> <div><table><thead><tr><th>Dependent's First Name</th><th>Dependent's Social Security Number</th><th>3b. Does this dependent receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>Dependent's Last Name</td><td>Dependent's Date of Birth</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table></div>	Dependent's First Name	Dependent's Social Security Number	3a. Does this dependent receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?	Yes	No	Dependent's Last Name	Dependent's Date of Birth		<input type="checkbox"/>	<input type="checkbox"/>	Dependent's First Name	Dependent's Social Security Number	3b. Does this dependent receive <u>any</u> federal disability payments such as social security disability benefits or supplemental security income disability benefits?	Yes	No	Dependent's Last Name	Dependent's Date of Birth		<input type="checkbox"/>	<input type="checkbox"/>
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	<div>4. Enter property tax assessed on your home in 2007 (See instructions on pages 6 and 7)4. \$ _____ (You may be asked to provide a copy of the property tax bill that has your name on it.)</div> <div>a. Was your home on a rented lot?4a. <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>5. Enter total rent you paid on your home or lot in 2007 (Do <u>not</u> include mortgage payments)5. \$ _____ (If your rent is over \$9,000, attach copies of your rent receipts.)</div> <div>a. Does the rent on line 5 include heat?5a. <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>b. Was your rent reduced or paid in part by the government?5b. <input type="checkbox"/> Yes <input type="checkbox"/> No</div>																				

Tax and Rent Refund Application
(page 2)



This application must be filed no later than June 1, 2009

STEP 5
Annual Household Income

6. ANNUAL HOUSEHOLD INCOME FOR 2007 (Total amount for Applicant, Spouse, and Dependents)

- a. Maine adjusted gross income (total for all household members. See instructions)..... **6a. \$** _____
- Note: If no member of the household filed a 2007 Maine income tax return, leave this line blank and go to line 6c.**
- b. **Loss Add-Back** (see instructions on page 7) **6b. \$** _____
- c. **Additional income not included on line 6a above** (See instructions on pages 7 through 9)
- (1) Salaries, Wages..... _____
- (2) Dividends, Interest - all sources..... _____
- (3) Social Security, Railroad Retirement, Annuities, Pensions,
Veterans Compensation, ROTH IRAs..... _____
- (4) Pension Income Deduction claimed on your Maine income tax return ... _____
- (5) Deferred Compensation and Employee Contributions to Pension,
Annuity or Retirement Plans _____
- (6) Cash Public Assistance, TANF _____
- (7) Child Support Payments _____
- (8) State Supplemental Income (**This is not social security income**) _____
- (9) Any other income (see pages 8 and 9 for types of income to list) _____
- Add lines (1) through (9) above..... 6c. \$** _____
- d. Add lines 6a, 6b and 6c **6d. \$** _____
- e. Rollovers of IRA, Pension, or Annuities and Property Tax Program Refunds only if included
on line 6a above. (**See instructions on page 9** before entering an amount on this line.) .. **6e. \$** _____
- f. Total household income (subtract line 6e from line 6d) **6f. \$** _____

STEP 6
Direct Deposit

7. Direct Deposit Information — If you want your refund sent directly to your bank account, see instructions on page 9 and fill in the blocks below.

7a. Routing Number: _____ 7b. Account Number: _____ 7c. Type of Account: ☐ Checking ☐ Savings

STEP 7
Third Party Designee

8. Third Party Designee (see instructions on page 9): Do you want to allow another person to discuss this return with Maine Revenue Services?..... ☐ **Yes** (complete the following). ☐ **No.**

Designee's name: _____ Phone number: _____ 5-digit Personal identification number:

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete. Applications may be audited either before or after refunds are issued. Refunds may be applied to other outstanding government debts you may owe.

Signature of Applicant

Date

Signature of Preparer other than Applicant

Date

If you I-File your application, you will receive a 9-digit confirmation number after you have successfully completed the application process. You must write this number below and **keep this application for your records**. It is proof that you filed an application.

CONFIRMATION NUMBER:

NOTE: If you **do not** I-file, leave this information blank and mail this application to Maine Revenue Services in the envelope provided.



Mail your application in the envelope provided.
Maine Revenue Services, PO Box 9116, Augusta, ME 04332-9116

Office Use only: ☐ TB ☐ FR

